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SERIAL NUMBER 10/667,655	FILING OR 371(c) DATE 09/23/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. A-8601
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APPLICANTS

Nyle S. Elliott, Kingwood, TX;

** CONTINUING DATA *****

(none) AMM

** FOREIGN APPLICATIONS *****

(none) AMM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED, ** SMALL ENTITY **

** 12/19/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	Allowance Examiner's Signature	Initials		
Verified and Acknowledged				

ADDRESS

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TITLE

Colostomy alert device and method

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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